

TOEROEK ASSOCIATES, INC.



October 19, 2016

Ms. Lisa Messinger, PG
Task Order Contract Officer Representative
Region 7, U.S. Environmental Protection Agency
11201 Renner Blvd.
Lenexa, KS 66219-9601

**Subject: Activity Report for Well Abandonment at
Blackhawk Foundry & Machine Company Facility, Davenport, Iowa
Contract Number EP-W-13-002
Task Order 034, Technical Directive No. 4**

Dear Ms. Messinger:

In accordance with Region 7 Task Order (TO) 0034, Technical Directive (TD) Number 4, received July 26, 2016, Toeroek Associates, Inc., and its team subcontractor, Tetra Tech Inc., (Tetra Tech) (Toeroek team) are pleased to provide this Activity Report documenting the well abandonment activities conducted at the former Blackhawk Foundry and Machine Company (Blackhawk) facility in Davenport, Iowa.

On September 13-14, 2016, Mr. John Simpson (Tetra Tech) oversaw the abandonment of eleven monitoring wells on the Blackhawk property and an adjacent property owned by the City of Davenport. The Toeroek team was accompanied on-site by Ms. Lisa Messinger, U.S. Environmental Protection Agency (EPA) Task Order Contract Officer Representative (TOCOR), and a representative of the property owner, US Assets, LLC.

During an initial site visit for facility surveying activities, the Toeroek team and EPA observed several groundwater monitoring wells present at the facility. Follow-up research by EPA indicated that up to 12 monitoring wells were previously installed at the facility. The Toeroek team contracted Terracon, an Iowa licensed well driller, to plug and abandon the monitoring wells.

During the initial visit, seven monitoring wells were positively identified for abandonment. The wells initially located included wells 1D, 1DD, #2, 2D, #4, 6, and 6D as identified on the attached map. Wells 6 and 6D were located on an adjacent property owned by the City of Davenport. The two off-site wells were surrounded by a chain-link fence enclosure. City personnel removed the fence enclosure prior to well abandonment activities.

Using the maps and documentation provided by EPA, four additional monitoring wells were located at the Blackhawk facility. These wells included: #3, 4D, #5, and 5D as identified on the attached map. The well identified as #1 on the map was not located and is assumed to have been previously abandoned.

A map showing the monitoring well locations is included as Attachment A, and photographic documentation of the well abandonment activities is included as Attachment B. Copies of well abandonment records filed with the Iowa Department of Natural Resources are included as Attachment C.

RCRA 10/19/2016

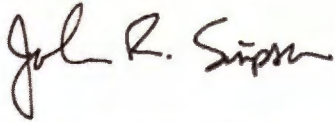


557196

300 Union Blvd., Suite 520
Lakewood, CO 80228
303-420-7735
Fax: 303-420-7658

If you have any questions or need additional information, please call me at (816) 412-1772.

Sincerely,

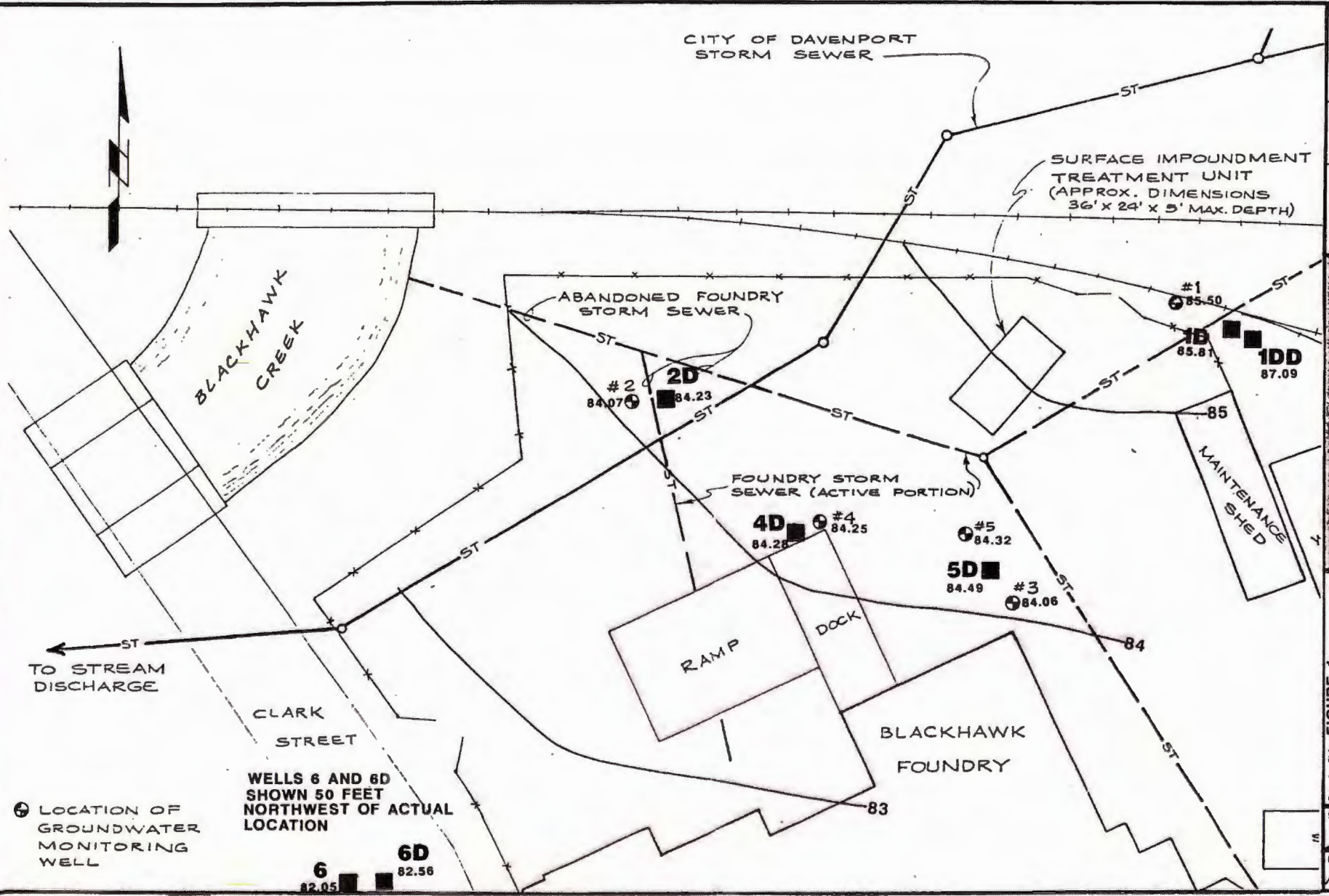


John R. Simpson, CHMM
Technical Directive Manager

Attachment A – Site Plan with Well Locations
Attachment B – Photo Documentation
Attachment C – IDNR well abandonment records

cc: Jeannette Kerr, Regional Contracting Officer Representative
Kristy Throckmorton, EPA Task Order Contract Officer Representative
Craig Kish, Toeroek REPA Zone III Program Manager
Kathy Homer, Toeroek Team Regional Manager (cover letter only)

ATTACHMENT A
SITE PLAN WITH WELL LOCATIONS



Date	7-28-88	Field Book No.	
Checked	H.S.B.	Date	7-27-88
Reviewed		Date	
Revised		Date	
Scale	NONE	Date	

SHIVE-HATTERY ENGINEERS AND ARCHITECTS
IOWA ILLINOIS TEXAS

**FIGURE 1
BLACKHAWK FOUNDRY
SHALLOW WELLS
POTENTIAL METRIC SURFACE
CONTOURS**

Sheet 1 of 1

Drawing No. 100-012881

ATTACHMENT B
PHOTOGRAPHIC DOCUMENTATION

**Monitoring Well Abandonment
Blackhawk Foundry and Machine Company
Davenport, Iowa**



RCRA Enforcement and Permitting Assistance (REPA) Zone 3 Task Order 034 Direction: Southwest	DESCRIPTION	This photograph shows the location of abandoned monitoring wells 6 and 6D.	1
	CLIENT	U.S. Environmental Protection Agency (EPA), Region 7	Date 09/13/2016
	PHOTOGRAPHER	John Simpson	



REPA Zone 3 Task Order 034 Direction: West	DESCRIPTION	This photograph shows the location of abandoned monitoring wells #2 and 2D.	2
	CLIENT	U.S. EPA, Region 7	Date 09/13/2016
	PHOTOGRAPHER	John Simpson	

**Monitoring Well Abandonment
Blackhawk Foundry and Machine Company
Davenport, Iowa**



REPA Zone 3 Task Order 034 Direction: Southeast	DESCRIPTION	This photograph shows the location of abandoned monitoring wells 1D and 1DD.	3
	CLIENT	U.S. EPA, Region 7	Date 09/13/2016
	PHOTOGRAPHER	John Simpson	



REPA Zone 3 Task Order 034 Direction: West	DESCRIPTION	This photograph shows the location of monitoring well #4.	4
	CLIENT	U.S. EPA, Region 7	Date 09/13/2016
	PHOTOGRAPHER	John Simpson	

**Monitoring Well Abandonment
Blackhawk Foundry and Machine Company
Davenport, Iowa**



REPA Zone 3 Task Order 034 Direction: Southwest	DESCRIPTION	This photograph shows the location of abandoned monitoring well #4.	5
	CLIENT	U.S. EPA, Region 7	Date 09/14/2016
	PHOTOGRAPHER	John Simpson	



REPA Zone 3 Task Order 034 Direction: West	DESCRIPTION	This photograph shows the location of abandoned monitoring well 4D.	6
	CLIENT	U.S. EPA, Region 7	Date 09/13/2016
	PHOTOGRAPHER	John Simpson	

**Monitoring Well Abandonment
Blackhawk Foundry and Machine Company
Davenport, Iowa**



REPA Zone 3 Task Order 034 Direction: South	DESCRIPTION	This photograph shows the drilling rig removing the PVC casing of monitoring well 4D.	7
	CLIENT	U.S. EPA, Region 7	Date 09/13/2016
	PHOTOGRAPHER	John Simpson	



REPA Zone 3 Task Order 034 Direction: Southwest	DESCRIPTION	This photograph shows the location of monitoring well #5.	8
	CLIENT	U.S. EPA, Region 7	Date 09/14/2016
	PHOTOGRAPHER	John Simpson	

**Monitoring Well Abandonment
Blackhawk Foundry and Machine Company
Davenport, Iowa**



REPA Zone 3 Task Order 034 Direction: East	DESCRIPTION	This photograph shows the location of abandoned monitoring well #5.	9
	CLIENT	U.S. EPA, Region 7	Date 09/14/2016
	PHOTOGRAPHER	John Simpson	



REPA Zone 3 Task Order 034 Direction: East	DESCRIPTION	This photograph shows the location of abandoned monitoring well 5D.	10
	CLIENT	U.S. EPA, Region 7	Date 09/14/2016
	PHOTOGRAPHER	John Simpson	

**Monitoring Well Abandonment
Blackhawk Foundry and Machine Company
Davenport, Iowa**



REPA Zone 3 Task Order 034 Direction: NA	DESCRIPTION	This photograph shows the location of monitoring well #3.	11
	CLIENT	U.S. EPA, Region 7	Date 09/14/2016
	PHOTOGRAPHER	John Simpson	



REPA Zone 3 Task Order 034 Direction: NA	DESCRIPTION	This photograph shows the location of abandoned monitoring well #3.	12
	CLIENT	U.S. EPA, Region 7	Date 09/14/2016
	PHOTOGRAPHER	John Simpson	

ATTACHMENT C
IDNR WELL ABANDONMENT RECORDS

Iowa Department of Natural Resources

**Abandoned Monitoring Well
Plugging Record**

1. Owner:

Name: <u>Countrywide Holding, LLC</u>	City: <u>Omaha</u>	State: <u>Nebraska</u>
Address: <u>405 N. 115th Street #100</u>	Zip: <u>68154</u>	Phone: <u>(402) 399-9049</u>

Name: <u>Angela Eyrich</u>
Number: _____

2. Well Location:

<u>1/4</u> of, <u>1/4</u> of, <u>sw</u> <u>1/4</u> of, Section <u>33</u> , Twp. <u>78</u> N, Range <u>03</u> <u>West</u> / <u>East</u> (circle one)
<u>Scott</u> County, Describe well location on property: _____

3. Description:

Well depth: <u>24.5</u> ft.	Casing material: steel, <u>plastic</u> concrete, clay, brick, stone
Depth to water: <u>10</u> ft.	(circle one)
Casing diameter: <u>2</u> in.	Type of construction: drilled, driven, bored, dug, augered
Year or decade constructed: _____	(circle one)
Depth of casing: _____ ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID: <u>1D</u>

I certify this well has been plugged as required by rule 567-39.8 of the Iowa Administrative Code (IAC). I agree to provide any additional information the county or department may need concerning this well.

Signature of Owner: X AXEL ADAIR Date Plugged: 9-13-16

If plugged by certified well contractor, complete this box: member

I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).

Signature of Contractor: [Signature] Cert. No. 10115

OR, If plugged by well owner, complete this box:

The property owner has plugged this well following requirements in rule 567-39.8 of the Iowa Administrative Code with the oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: ☐ YES ☐ NO (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to:

Hylton Jackson
IDNR Contaminated Sites Section
502 East 9th Street
Des Moines, IA 50319

Iowa Department of Natural Resources

**Abandoned Monitoring Well
Plugging Record**

1. Owner:

Name: <u>Countrywide Holding, LLC</u>	City: <u>Omaha</u>	State: <u>Nebraska</u>
Address: <u>405 N. 115th Street #100</u>	Zip: <u>68154</u>	Phone: <u>(402) 399-9049</u>

Name: Angela Eyrich

Number: _____

2. Well Location:

<u>1/4</u> of, <u>1/4</u> of, <u>sw</u> 1/4 of, Section <u>33</u> , Twp. <u>78</u> N, Range <u>03</u> <u>West</u> /East (circle one)
<u>Scott</u> County, Describe well location on property: _____

3. Description:

Well depth: <u>49.5</u> ft.	Casing material: steel, <u>plastic</u> concrete, clay, brick, stone
Depth to water: <u>8</u> ft.	(circle one)
Casing diameter: <u>2</u> in.	Type of construction: drilled, driven, bored, dug, augered
Year or decade constructed: _____	(circle one)
Depth of casing: _____ ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID: <u>1DD</u>

I certify this well has been plugged as required by rule 567-39.8 of the Iowa Administrative Code (IAC). I agree to provide any additional information the county or department may need concerning this well.

Signature of Owner: X Axel Adair Date Plugged: 9-13-16

If plugged by certified well contractor, complete this box: Member

I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).

Signature of Contractor: [Signature] Cert. No. 10115

OR, If plugged by well owner, complete this box:

The property owner has plugged this well following requirements in rule 567-39.8 of the Iowa Administrative Code with the oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: ☐ YES ☐ NO (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to:

Hylton Jackson
IDNR Contaminated Sites Section
502 East 9th Street
Des Moines, IA 50319

Iowa Department of Natural Resources

**Abandoned Monitoring Well
Plugging Record**

1. Owner:

Name: <u>Countrywide Holding, LLC</u>	City: <u>Omaha</u>	State: <u>Nebraska</u>
Address: <u>405 N. 115th Street #100</u>	Zip: <u>68154</u>	Phone: <u>(402) 399-9049</u>

Name: Angela Eyrich

Number: _____

2. Well Location:

<u>1/4</u> of, <u>1/4</u> of, <u>sw</u> <u>1/4</u> of, Section <u>33</u> , Twp. <u>78</u> N, Range <u>03</u> West/ <u>East</u> (circle one)
<u>Scott</u> County, Describe well location on property: _____

3. Description:

Well depth: <u>30</u> ft.	Casing material: steel, <u>plastic</u> concrete, clay, brick, stone
Depth to water: <u>9</u> ft.	(circle one)
Casing diameter: <u>2</u> in.	Type of construction: drilled, driven, bored, dug, augered
Year or decade constructed: _____	(circle one)
Depth of casing: _____ ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID: <u>2</u>

I certify this well has been plugged as required by rule 567-39.8 of the Iowa Administrative Code (IAC). I agree to provide any additional information the county or department may need concerning this well.

Signature of Owner: X AXEL ADAIR Date Plugged: 9-13-16

If plugged by certified well contractor, complete this box: member

I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).

Signature of Contractor: [Signature] Cert. No. 10115

OR, If plugged by well owner, complete this box:

The property owner has plugged this well following requirements in rule 567-39.8 of the Iowa Administrative Code with the oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: ☐ YES ☐ NO (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to:

Hylton Jackson
IDNR Contaminated Sites Section
502 East 9th Street
Des Moines, IA 50319

Iowa Department of Natural Resources

**Abandoned Monitoring Well
Plugging Record**

1. Owner:

Name: <u>Countrywide Holding, LLC</u>	City: <u>Omaha</u>	State: <u>Nebraska</u>
Address: <u>405 N. 115th Street #100</u>	Zip: <u>68154</u>	Phone: <u>(402) 399-9049</u>

Name: Angela Eyrich

Number: _____

2. Well Location:

<u>1/4</u> of, <u>1/4</u> of, <u>sw</u> <u>1/4</u> of, Section <u>33</u> , Twp. <u>78</u> N, Range <u>03</u> West/East (circle one)
<u>Scott</u> County, Describe well location on property: _____

3. Description:

Well depth: <u>22</u> ft.	Casing material: steel, <u>plastic</u> concrete, clay, brick, stone
Depth to water: <u>9</u> ft.	(circle one)
Casing diameter: <u>2</u> in.	Type of construction: drilled, driven, bored, dug, augered
Year or decade constructed: _____	(circle one)
Depth of casing: _____ ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID: <u>2D</u>

I certify this well has been plugged as required by rule 567-39.8 of the Iowa Administrative Code (IAC). I agree to provide any additional information the county or department may need concerning this well.

Signature of Owner: X AXEL ADAIR Date Plugged: 9-13-16

If plugged by certified well contractor, complete this box: member

I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).

Signature of Contractor: [Signature] Cert. No. 10115

OR, If plugged by well owner, complete this box:

The property owner has plugged this well following requirements in rule 567-39.8 of the Iowa Administrative Code with the oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: ☐ YES ☐ NO (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to:

Hylton Jackson
IDNR Contaminated Sites Section
502 East 9th Street
Des Moines, IA 50319

Iowa Department of Natural Resources

**Abandoned Monitoring Well
Plugging Record**

1. Owner:

Name: <u>Countrywide Holding, LLC</u>	City: <u>Omaha</u>	State: <u>Nebraska</u>
Address: <u>405 N. 115th Street #100</u>	Zip: <u>68154</u>	Phone: <u>(402) 399-9049</u>

Name: Angela Eyrich

Number: _____

2. Well Location:

<u>1/4</u> of, <u>1/4</u> of, <u>sw</u> 1/4 of, Section <u>33</u> , Twp. <u>78</u> N, Range <u>03</u> West/East (circle one)
<u>Scott</u> County, Describe well location on property: <u>well was plugged</u>

3. Description:

Well depth: <u>not possible</u>	Casing material: steel, <u>plastic</u> concrete, clay, brick, stone (circle one)
Depth to water: <u>not possible</u>	Type of drilled, driven, bored, dug, augered construction:
Casing diameter: <u>2 in.</u>	
Year or decade constructed: _____	(circle one)
Depth of casing: _____ ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID: <u>3</u>

I certify this well has been plugged as required by rule 567-39.8 of the Iowa Administrative Code (IAC). I agree to provide any additional information the county or department may need concerning this well.

Signature of Owner: X Axel Adair Date Plugged: 9-14-16

If plugged by certified well contractor, complete this box: Member

I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).

Signature of Contractor: [Signature] Cert. No. 10115

OR, If plugged by well owner, complete this box:

The property owner has plugged this well following requirements in rule 567-39.8 of the Iowa Administrative Code with the oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: ☐ YES ☐ NO (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to:

Hylton Jackson
IDNR Contaminated Sites Section
502 East 9th Street
Des Moines, IA 50319

Iowa Department of Natural Resources

**Abandoned Monitoring Well
Plugging Record**

1. Owner:

Name: <u>Countrywide Holding, LLC</u>	City: <u>Omaha</u>	State: <u>Nebraska</u>
Address: <u>405 N. 115th Street #100</u>	Zip: <u>68154</u>	Phone: <u>(402) 399-9049</u>

Name: <u>Angela Eyrich</u>
Number: _____

2. Well Location:

<u>1/4</u> of, <u>1/4</u> of, <u>sw</u> <u>1/4</u> of, Section <u>33</u> , Twp. <u>78</u> N, Range <u>03</u> <u>West</u> / <u>East</u> (circle one)
<u>Scott</u> County, Describe well location on property: _____

3. Description:

Well depth: <u>9</u> ft.	Casing material: steel, <u>plastic</u> concrete, clay, brick, stone (circle one)
Depth to water: <u>8.5</u> ft.	
Casing diameter: <u>2</u> in.	Type of construction: drilled, driven, bored, dug, augered (circle one)
Year or decade constructed: _____	
Depth of casing: _____ ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID: <u>4</u>

I certify this well has been plugged as required by rule 567-39.8 of the Iowa Administrative Code (IAC). I agree to provide any additional information the county or department may need concerning this well.

Signature of Owner: X AXEL ADAIR Date Plugged: 9-13-16

If plugged by certified well contractor, complete this box: member

I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).

Signature of Contractor: [Signature] Cert. No. 10115

OR, If plugged by well owner, complete this box:

The property owner has plugged this well following requirements in rule 567-39.8 of the Iowa Administrative Code with the oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: ☐ YES ☐ NO (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to:

Hylton Jackson
IDNR Contaminated Sites Section
502 East 9th Street
Des Moines, IA 50319

Iowa Department of Natural Resources

**Abandoned Monitoring Well
Plugging Record**

1. Owner:

Name: <u>Countrywide Holding, LLC</u>	City: <u>Omaha</u>	State: <u>Nebraska</u>
Address: <u>405 N. 115th Street #100</u>	Zip: <u>68154</u>	Phone: <u>(402) 399-9049</u>

Name: Angela Eyrich

Number: _____

2. Well Location:

<u>1/4</u> of, <u>1/4</u> of, <u>sw</u> <u>1/4</u> of, Section <u>33</u> , Twp. <u>78</u> N, Range <u>03</u> <u>West</u> /East (circle one)
<u>Scott</u> County, Describe well location on property: _____

3. Description:

Well depth: <u>28.5</u> ft.	Casing material: steel, <u>plastic</u> concrete, clay, brick, stone (circle one)
Depth to water: <u>21</u> ft.	
Casing diameter: <u>2</u> in.	Type of construction: drilled, driven, bored, dug, augered (circle one)
Year or decade constructed: _____	
Depth of casing: _____ ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID: <u>4D</u>

I certify this well has been plugged as required by rule 567-39.8 of the Iowa Administrative Code (IAC). I agree to provide any additional information the county or department may need concerning this well.

Signature of Owner: X AXEL ADAIR Date Plugged: 9-14-16

If plugged by certified well contractor, complete this box: member

I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).

Signature of Contractor: [Signature] Cert. No. 10115

OR, If plugged by well owner, complete this box:

The property owner has plugged this well following requirements in rule 567-39.8 of the Iowa Administrative Code with the oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: ☐ YES ☐ NO (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to:

Hylton Jackson
IDNR Contaminated Sites Section
502 East 9th Street
Des Moines, IA 50319

Iowa Department of Natural Resources

**Abandoned Monitoring Well
Plugging Record**

1. Owner:

Name: <u>Countrywide Holding, LLC</u>	City: <u>Omaha</u>	State: <u>Nebraska</u>
Address: <u>405 N. 115th Street #100</u>	Zip: <u>68154</u>	Phone: <u>(402) 399-9049</u>

Name: Angela Eyrich

Number: _____

2. Well Location:

<u>1/4</u> of, <u>1/4</u> of, <u>sw</u> <u>1/4</u> of, Section <u>33</u> , Twp. <u>78</u> N, Range <u>03</u> <u>West</u> / <u>East</u> (circle one)
<u>Scott</u> County, Describe well location on property: <u>well was plugged</u>

3. Description:

Well depth: <u>not possible</u>	Casing material: steel, <u>plastic</u> concrete, clay, brick, stone (circle one)
Depth to water: <u>not possible</u>	
Casing diameter: <u>2 in.</u>	Type of drilled, driven, bored, dug, augered construction:
Year or decade constructed: _____	(circle one)
Depth of casing: _____ ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID: <u>5</u>

I certify this well has been plugged as required by rule 567-39.8 of the Iowa Administrative Code (IAC). I agree to provide any additional information the county or department may need concerning this well.

Signature of Owner: X Axel Adair Date Plugged: 9-13-16

If plugged by certified well contractor, complete this box: member

I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).

Signature of Contractor: [Signature] Cert. No. 10115

OR, If plugged by well owner, complete this box:

The property owner has plugged this well following requirements in rule 567-39.8 of the Iowa Administrative Code with the oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: ☐ YES ☐ NO (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to:

Hylton Jackson
IDNR Contaminated Sites Section
502 East 9th Street
Des Moines, IA 50319

Iowa Department of Natural Resources

**Abandoned Monitoring Well
Plugging Record**

1. Owner:

Name: <u>Countrywide Holding, LLC</u>	City: <u>Omaha</u>	State: <u>Nebraska</u>
Address: <u>405 N. 115th Street #100</u>	Zip: <u>68154</u>	Phone: <u>(402) 399-9049</u>

Name: <u>Angela Eyrich</u>
Number: _____

2. Well Location:

<u>1/4</u> of, <u>1/4</u> of, <u>sw</u> <u>1/4</u> of, Section <u>33</u> , Twp. <u>78</u> N, Range <u>03</u> <u>West</u> / <u>East</u> (circle one)
<u>Scott</u> County, Describe well location on property: <u>well was plugged</u>

3. Description:

Well depth: <u>not possible</u>	Casing material: steel, <u>(plastic)</u> concrete, clay, brick, stone
Depth to water: <u>not possible</u>	(circle one)
Casing diameter: <u>2 in.</u>	Type of drilled, driven, bored, dug, augered construction:
Year or decade constructed: _____	(circle one)
Depth of casing: _____ ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID: <u>5D</u>

I certify this well has been plugged as required by rule 567-39.8 of the Iowa Administrative Code (IAC). I agree to provide any additional information the county or department may need concerning this well.

Signature of Owner: X Angela Eyrich Date Plugged: 9-14-16

If plugged by certified well contractor, complete this box: Member

I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).

Signature of Contractor: [Signature] Cert. No. 10115

OR, If plugged by well owner, complete this box:

The property owner has plugged this well following requirements in rule 567-39.8 of the Iowa Administrative Code with the oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: ☐ YES ☐ NO (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to:

Hylton Jackson
IDNR Contaminated Sites Section
502 East 9th Street
Des Moines, IA 50319

Iowa Department of Natural Resources

**Abandoned Monitoring Well
Plugging Record**

1. Owner:

Name: <u>City of Davenport</u>	City: <u>Davenport</u>	State: <u>Iowa</u>
Address: <u>1200 E. 46th Street</u>	Zip: <u>52807</u>	Phone: <u>(563) 326-7786</u>

Name: Brian Schadt

Number: _____

2. Well Location:

<u>1/4</u> of, <u>1/4</u> of, <u>sw</u> 1/4 of, Section <u>33</u> , Twp. <u>78</u> N, Range <u>03</u> <u>West</u> /East (circle one)
<u>Scott</u> County, Describe well location on property: _____

3. Description:

Well depth: <u>29.5</u> ft.	Casing material: steel, <u>plastic</u> , concrete, clay, brick, stone
Depth to water: <u>9.5</u> ft.	(circle one)
Casing diameter: <u>2</u> in.	Type of construction: drilled, driven, bored, dug, augered
Year or decade constructed: _____	(circle one)
Depth of casing: _____ ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID: <u>6D</u>

I certify this well has been plugged as required by rule 567-39.8 of the Iowa Administrative Code (IAC). I agree to provide any additional information the county or department may need concerning this well.

Signature of Owner: _____ Date Plugged: 9-13-16

If plugged by certified well contractor, complete this box:

I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).

Signature of Contractor: _____ Cert. No. 10115

OR, If plugged by well owner, complete this box:

The property owner has plugged this well following requirements in rule 567-39.8 of the Iowa Administrative Code with the oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: ☐ YES ☐ NO (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to:

Hylton Jackson
IDNR Contaminated Sites Section
502 East 9th Street
Des Moines, IA 50319

Iowa Department of Natural Resources

**Abandoned Monitoring Well
Plugging Record**

1. Owner:

Name: <u>City of Davenport</u>	City: <u>Davenport</u>	State: <u>Iowa</u>
Address: <u>1200 E. 46th Street</u>	Zip: <u>52807</u>	Phone: <u>(563) 326-7786</u>

Name: Brian Schadt

Number: _____

2. Well Location:

<u>1/4</u> of, <u>1/4</u> of, <u>sw</u> 1/4 of, Section <u>33</u> , Twp. <u>78</u> N, Range <u>03</u> West/East (circle one)
<u>Scott</u> County, Describe well location on property: _____

3. Description:

Well depth: <u>20</u> ft.	Casing material: steel, <u>plastic</u> concrete, clay, brick, stone (circle one)
Depth to water: <u>9.5</u> ft.	
Casing diameter: <u>2</u> in.	Type of construction: drilled, driven, bored, dug, augered (circle one)
Year or decade constructed: _____	
Depth of casing: _____ ft.	Check <input checked="" type="checkbox"/> if this is a Monitoring Well Well ID: <u>6</u>

I certify this well has been plugged as required by rule 567-39.8 of the Iowa Administrative Code (IAC). I agree to provide any additional information the county or department may need concerning this well.

Signature of Owner: [Signature] Date Plugged: 9-13-16

If plugged by certified well contractor, complete this box:

I have plugged this well as required by rule 567-39.8 of the Iowa Administrative Code (IAC).

Signature of Contractor: [Signature] Cert. No. 10115

OR, If plugged by well owner, complete this box:

The property owner has plugged this well following requirements in rule 567-39.8 of the Iowa Administrative Code with the oversight and assistance of the designated county agent.

Signature of County Agent: _____ Date Approved: _____

Eligible for Grants-to-Counties cost share: ☐ YES ☐ NO (Determined by County Agent)

Complete one form for each well plugged and submit within 30 days to:

Hylton Jackson
IDNR Contaminated Sites Section
502 East 9th Street
Des Moines, IA 50319